

Owner Name
UBI
OFFICE USE: City Reference

CITY OF BELLEVUE AMBULANCE ADDENDUM

Note: This form must be submitted with a completed Master Application form. Application is subject to approval by the Bellevue Departments of Planning & Community Development, Finance and Fire.

PLEASE TYPE OR PRINT IN DARK INK.

1.	Square feet of office floor space:
2.	Has this business ever been registered in Bellevue before? ☐ Yes ☐ No
	If Yes , enter Bellevue Registration Number
	Business Name
3.	Do you plan to conduct any part of business from your home in Bellevue?
4.	Is this a non-profit organization?
5.	Total number of ambulances to be placed in service within the city limits:
6.	Total number of certified ambulance attendants:
7.	Submit the following with this application:
	Roster of vehicles in service in Bellevue with proof that each vehicle is currently licensed by the state of Washington;
	 Roster of certified ambulance attendants with proof that each attendant is currently certified as an Emergency Medical Technician (EMT) by the state of Washington (including certification expiration date). Certificate of insurance as required by Bellevue City Code, Section 5.04.060. Proof that ambulances and personnel are verified trauma providers as provided in chapter 246.976 WAC. Schedule of rates in accordance with Bellevue City Code, Section 5.04.120.
NOTE:	Businesses must comply with all city codes and ordinances which include but are not limited to the Land Use Code, Building Codes and Fire Codes . For Bellevue Permit information, please call (425) 452-6864 or TTY (425) 452-4636.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 664-1400 or TTY (360) 664-8885.